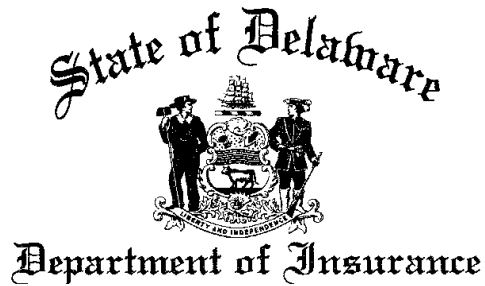


MATTHEW DENN
INSURANCE COMMISSIONER



841 SILVER LAKE BLVD.
DOVER, DELAWARE 19904-2465
(302) 739-4251
FACSIMILE (302) 739-5280

CE-3

NOTICE OF APPROVED COURSE TO BE REPEATED

Provider Name: _____

This notification is being filed with the Insurance Department at least 7 days in advance of the beginning date of the approved course to confirm the time, location, date and instructor(s).

Title of Course: _____

Delaware Course Number: _____ Date to be Held: _____

Time: _____ Location: _____

Instructor(s) for course:

_____ Previously approved? ☐ Yes ☐ No

_____ Previously approved? ☐ Yes ☐ No

_____ Previously approved? ☐ Yes ☐ No

_____ Previously approved? ☐ Yes ☐ No

**If instructors have not been previously approved from a prior "C.E." filing, please attach bio.

Submitted by: _____ Title: _____

Organization: _____ Date: _____

Signature

Telephone: _____ Fax Number: _____

E-Mail Address: _____